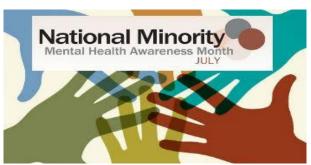
Warm Line (302) 513-0929 M-F 8AM - 5PM Connecting the Docs!



DCPAP | JULY | 2020

Despite advances in health equity, disparities in mental health care persist. The Agency for Healthcare Research and Quality (AHRQ) reports that racial and ethnic minority groups in the U.S. are less likely to have access to mental health services, less likely to use community mental health services, more likely to use emergency departments, and more likely to receive lower quality care. Poor mental health care access and quality of care contribute to poor mental health outcomes, including suicide, among racial and ethnic minority populations.

Increase access & education. Reduce barriers & stigma.



https://www.minorityhealth.hhs.gov/

Anxiety Disorders Training

Join Mark Borer, MD, DLFAPA, DFAACAP Board Certified Child and Adolescent Psychiatrist for this month's training sessions for DCPAP on July 23rd and 30th with a focus on Anxiety Disorders in Youth With an Eye on COVID-19. We will cover screening, diagnosis, medication management and treatment planning. Each session will last for 1 hour, including both didactic presentation with sample case query and consultation. **CME credits available**. Sessions open to everyone. Register with DSCYF_DCPAP@delaware.gov.

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Registered **Prescribers Have Question About** a Patient <21

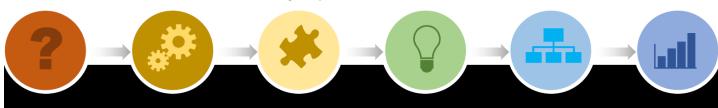
Connect with DCPAP Text/Call (302) 513-0929 M-F 8AM - 5PM

Share a Few Gender, Year of Birth, Presenting Issue(s) & Screenings Completed

Request Sent to Pieces of the Puzzle: Consulting Psychiatrist who Responds with Ideas to Treat

Behavioral Health Coordinator can Connect you with **Resource Options**

DCPAP Tracks Requests to **Identify Future Training Needs**



No query too mild. Call DCPAP regarding medication, diagnosis, screening tools, plus referral and resource information to enhance patient treatment plans.



Anxiety Disorders Overview from MCPAP



https://www.mcpap.com/Provider/ AnxietyDisorders.aspx

Anxiety, fear, and worry are normal childhood experiences in response to stressful experiences. For some children, however, anxiety can be frequent or excessive enough to cause significant distress and to impact function at home, at school, and/or with friends. These children are considered to have anxiety disorders. Anxiety disorders are very common in children, adolescents, and adults. Anxiety disorders are considered the most common lifelong psychiatric disorder that has onset in childhood.

Diagnosis

Children with anxiety disorders may exhibit a wide range of behaviors and symptoms in addition to expressing fear or worry. These behaviors and symptoms may include:

- Avoidance of activities or settings that are anxiety provoking
- Frequent or excessive seeking of reassurance
- Difficulty falling asleep or staying asleep
- Decline in grades or academic performance, which may include inattention or trouble concentrating
- Physical symptoms, including headaches, stomach aches, pain, or changes in appetite
- Moodiness, irritability, or explosive outbursts

Anxiety disorders are further broken down into a number of specific disorders that can be diagnosed in children. These include: generalized anxiety disorder, separation anxiety disorder, social anxiety disorder, specific phobias, and panic disorder. They are described below.

Anxiety disorders in children are diagnosed through a careful history, often including information from school in addition to an interview with the child and his or her parents. Screening assessment questionnaires are also used as an aid in diagnosis.

There is no one cause of anxiety disorders in children or adults. Biological or genetic factors, environmental factors, psychological factors, and life experiences can all play a role in the development of anxiety disorders.

Screening

According the AACAP practice parameter, you may use a checklist based on the DSM-IV criteria to evaluate anxiety. The Spence Children's Anxiety Scale (SCAS) is a standardized screening tool that is available for free. There are also a variety of paid standardized screening tools for anxiety, including the Multidemensional Anxiety Scale for Children (MASC), the Screen for Child Anxiety Related Emotional Disorders (SCARED), and the Anxiety Disorders Interview Schedule for DSM IV Child Version (ADIS).

Generalized Anxiety Disorder: Children with generalized anxiety disorder (GAD) typically have a range of pervasive, recurring fears and worries that are difficult to control. They worry about almost everything: school, sports, friends, being on time, their own safety or the safety of their loved ones, natural disasters, and frightening events in the news. Children with GAD may be also be "perfectionists," constantly dissatisfied with their own less-than-perfect performance at school or socially.

Separation Anxiety Disorder: Children with separation anxiety disorder have intense anxiety about being away from home or caregivers that affects their ability to function socially and in school. Children with this disorder may worry excessively about their parents when they are apart from them. When they are together, the child may cling to parents, refuse to go to school, or be afraid to sleep alone. Nightmares about separation and physical symptoms, such as stomachaches and headaches, are also common.

Continued on page 3

Social Anxiety Disorder: Children and adolescents with social anxiety disorder have intense fear of social situations, such as speaking in class, making conversation at a party, or eating in public. They worry excessively about what others think of them, and will often describe feeling afraid of doing or saying the wrong thing, of embarrassing themselves, or getting laughed at.

Specific Phobias: Specific phobias are extremely intense and pervasive fears of a specific stressor (examples include dogs, bees, heights). These fears are so severe that they impact function. Examples might include a child who is so afraid of bees she will not spend time outside, impairing her ability to socialize with peers, or an adolescent who is so afraid of heights she rearranges her school schedule to avoid classes on the second floor

Panic Disorder: Panic attacks are brief periods of extreme, intense fear accompanied by additional symptoms that might include rapid heartbeat, shaking, sweatiness, dizziness, shortness of breath, or a sense of doom. They are abrupt in onset and often without any identifiable trigger. Children and adolescents with panic disorder initially experience one or more panic attacks, and then develop an ongoing fear of experiencing further panic attacks that causes distress and impacts their function, usually through avoidance.

OCD (Obsessive-Compulsive Disorder): Although it is no longer listed under the category of anxiety disorders, OCD is often mistaken for an anxiety disorder and many children thought to have anxiety disorders turn out to have OCD when they are more fully evaluated. It is good to use an OCD assessment tool as well to rule out OCD when screening for anxiety disorders.

Treatment And Outcomes

Identifying and assertively treating anxiety disorders is very important, both to relieve suffering and to prevent further or ongoing effects from the anxiety disorder. Children and adolescents with untreated anxiety disorders are at increased risk for anxiety disorders that impact them in adulthood, and they are also at increased risk for academic underachievement and other psychiatric illnesses, including depression and substance abuse.

The good news is that most children with anxiety disorders have good response to psychotherapy. Psychotherapy is sometimes used in combination with medications, which are often used safely and effectively for children and adolescents with anxiety.

Practice Parameter for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders February 2007

Resources for Parents



AACAP Facts for Families: The Anxious Child http://www/aacap.org

Anxiety and Depression Association of America www.adaa.org

The National Institute of Mental Health website has a variety of information about anxiety disorders, including easy-to-read publications. Visit the NIMH anxiety page: https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

American Academy of Child & Adolescent Psychiatry (AACAP) Anxiety Disorder Resource Center

https://www.aacap.org/AACAP/Families and Youth/Resource Centers/Anxiety Disorder Resource Center/
Home.aspx

Anxiety Resource Spotlight on page 4



Anxiety Resource Spotlight

www.nami.org and www.namidelaware.org

https://childmind.org/center/anxiety-disorders-center/

https://makingtimeformommy.com/2018/03/02/books-for-kids-who-struggle-with-anxiety/

https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html

https://adaa.org/living-with-anxiety/children/tips-parents-and-caregivers

Child Priority Response 1-800-969-4357

Apps for Children with Anxiety:

Breath, Think, Do Sesame Street

Calm Counter

HeadSpace Emotionary

Yoga Kids Deck Super Stretch Yoga

Positive Penguins Relax Melodies

Take A Chill Chill Outz

Dreamy Kids Breathing Bubbles



Outreach Challenge - Help Broaden Our Circle

DCPAP is seeking to increase its outreach to primary pediatric care providers across the state. Help us to broaden our circle. Share our email and this newsletter with providers <DSCYF_DCPAP@delaware.gov>.



DCPAP Evaluation - Seeking Survey Feedback

We are currently fielding the first annual DCPAP Provider Satisfaction Survey. This brief survey is designed to help us gather feedback on your experience with the program's pediatric behavioral health consultation service, behavioral health training needs, and gain insight regarding your comfort in addressing patients' behavioral health needs over time. Results from this year's survey will provide a baseline for us to measure ongoing progress towards DCPAP goals throughout the course of the program.

We wanted to alert you to the server address used to send your unique survey link. Please add this Qualtrics address to your email contact list. The Survey email will be originating from noreply@qemailserver.com. If you haven't yet taken the survey, and do not recall receiving the email invitation with your unique survey link, please check your SPAM. If you cannot find the email, please email so that we can resend the link. The survey link email will have cdhs-research@udel.edu as the reply-to address, however, the email is from Dr. Richard Margolis, the DCPAP Project Director.

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Warm Line: Call or Text 302-513-0929 M-F 8-5



Email the DCPAP Team:
DSCYF DCPAP@delaware.gov

